

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

Virginia Rural Health Association

SCC ID NO: **04440756**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

5.) STOCK INFORMATION

BETH O'CONNOR

2265 KRAFT DRIVE

BLACKSBURG, VA 24060

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2265 KRAFT DR

CITY/ST/ZIP: BLACKSBURG, VA 24060-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: JANICE WILKINS
TITLE: PRESIDENT
ADDRESS: 227 LANDMARK DR
CITY/ST/ZIP/CO: STUART, VA 24171-

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OFFICER

☒

DIRECTOR

NAME: JAMES TYLER
TITLE: TREASURER
ADDRESS: 159 HARTLEY WAY
CITY/ST/ZIP/CO: PEARISBURG, VA 24134-

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OFFICER

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DIRECTOR

NAME: BETH O'CONNOR
TITLE: EXEC DIRECTOR
ADDRESS: 2265 KRAFT DRIVE
CITY/ST/ZIP/CO: BLACKSBURG, VA 24060-

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OFFICER

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DIRECTOR

NAME: KIRK BALLIN
TITLE: DIRECTOR
ADDRESS: 201 E MAIN ST.
CITY/ST/ZIP/CO: SALEM, VA 24153-

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OFFICER

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DIRECTOR

NAME: NEAL GRAHAM
TITLE: DIRECTOR
ADDRESS: 6802 PARAGON PLACE # 625
CITY/ST/ZIP/CO: RICHMOND, VA 23230-

NAME:	OLIVER HAYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2265 KRAFT DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	TONYA PARRIS-WILKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8380 BOYDTON PLANK RD		
CITY/ST/ZIP/CO:	ALBERTA, VA 23821-		
NAME:	EDNA RENSING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 980510		
CITY/ST/ZIP/CO:	RICHMOND, VA 23298-		
NAME:	DIANE SUTPHIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2265 KRAFT DRIVE		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24060-		
NAME:	JAMES WERTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 6946		
CITY/ST/ZIP/CO:	RU RADFORD, VA 24142-		
NAME:	MAGGIE BASSETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 6964		
CITY/ST/ZIP/CO:	RADFORD, VA 24142-		
NAME:	MARIANNE BAERNHOLDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 800782		
CITY/ST/ZIP/CO:	202 JEANETTE LANCASTER WAY CHARLOTTESVILLE, VA 22903-		
NAME:	JUNE COLLMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P.O. BOX 185		
CITY/ST/ZIP/CO:	BATESVILLE, VA 22924-		
NAME:	DEREK BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	770 WEST RIDGE RD		
CITY/ST/ZIP/CO:	WYTHEVILLE, VA 24382-		
NAME:	MARY CRANDALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2205 FONTAINE AVE. SUITE 204		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908-		

NAME: KENNETH LITTLE TITLE: DIRECTOR ADDRESS: 625 LINCOLN AVENUE CITY/ST/ZIP/CO: MARION, VA 24354-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA TOMKO TITLE: DIRECTOR ADDRESS: PO BOX 220 CITY/ST/ZIP/CO: NEW CANTON, VA 23123-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ BETH O'CONNOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BETH O'CONNOR, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE
1/26/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	